

C.L. BUTCH OTTER, GOVERNOR RICHARD M. ARMSTRONG - Director

DEBRA RANSOM, R.N.,R.H.J.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

February 9, 2010

Casey Meza Clearwater Valley Hospital & Clinics 301 Cedar Street Orofino, ID 83544 RECEIVED

FEB 1.8 2010

RE: Clearwater Valley Hospital & Clinics, provider #131320

FACILITY STANDARDS

Dear Mr. Meza:

This is to advise you of the findings of the complaint survey at Clearwater Valley Hospital & Clinics which was concluded on January 27, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the POC is effective in bringing the hospital into compliance, and that the hospital remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

Casey Meza February 9, 2010 Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **February 22, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

GARY GUILES

Health Facility Surveyor Non-Long Term Care SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

GG/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 02/05/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDIN	G	COMPLE	ETED
		131320	B. WI	4G _			C 7/ 2010
	ROVIDER OR SUPPLIER			30	EET ADDRESS, CITY, STATE, ZIP CODE 01 CEDAR STREET PROFINO, 1D 83544	01/2	.7/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
C 000	INITIAL COMMENT	rs	C	000			
		FS, Team Leader HFS			RECEIVED FEB 1.8 2010		
C 298	DNS = Director of N POC = Plan of Care 485.635(d)(4) NUR	Nursing Services SING SERVICES	C	298	FACILITY STANDARDS		
	current for each inp This STANDARD is Based on staff inter records and hospita the CAH failed to er plans were develop #5, #7, and #11) wh reviewed. This inte ability to provide co- findings include: 1. Patient #1's med year old male who w 11/24/09. He was of History and Physica 11/24/09, stated his abscess and dehyd surgically removed record contained a	must be developed and kept atient. Is not met as evidenced by: view and review of medical al policies, it was determined asure complete nursing care ed for 5 of 11 patients (#1, #2, hose medical records were refered with the CAH staff's insistent patient care. The discharged on 11/25/09. His al Examination, dated a diagnosis was peritonsillar ration. His tonsils were on 11/24/09. His medical blank nursing POC. This was ew with the DNS on 1/26/10 at		Amount and the contract of the	please sue attached		
	year old male who v	ical record documented a 30 was admitted to the hospital on					
_ABORATOR	/ DIRECTØR'\$ OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE		✓ TITLE		(X6) DATE

(X2) MULTIPLE CONSTRUCTION

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/05/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , -	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDIN	NG	, ا	,
		131320	B. WING _		1	7/2010
NAME OF PROVIDER OR SUPPLIER CLEARWATER VALLEY HOSPITAL & CLINICS			;	REET ADDRESS, CITY, STATE, ZIP CODE 301 CEDAR STREET DROFINO, ID 83544		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 298	10/19/09. He was of History and Physica 10/19/09, stated his bifida, hydro-ureter ureterostomy surge hydronephrosis, an extremity. The only POC, dated 10/20/0 clots [related to] no results." His kidney addressed. This withe DNS on 1/26/10 3. Patient #5's med year old female whon 10/02/09. She was the History and Ph 10/02/09, stated he pain. Her medical nursing POC. This with the DNS on 1/2 4. Patient #7's med year old male who services at the hos 4/03/09. He was tron 4/08/09, listed his cobstructive pulmon fibrillation. The diswas readmitted to a "Acute colonic pseu summary stated he rectal tube. Patient the rectal tube, oxyorders. His medical nursing POC.	discharged on 10/22/09. His al Examination, dated a diagnoses included spinal with a history of recent ery, abdominal pain, d blood clots to his lower or problem listed on his nursing 09, was "Risk for further blood in-therapeutic [laboratory] or problems and pain were not as confirmed by interview with 0 at 4:05 PM. Itical record documented a 45 to was admitted to the hospital was discharged on 10/05/09. The variety of t	C 298			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/05/2010 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B, WI			С		
		131320	D, VVII	* G_		01/27	7/2010
	ROVIDER OR SUPPLIER	PITAL & CLINICS		3	REET ADDRESS, CITY, STATE, ZIP CODE 301 CEDAR STREET OROFINO, ID 83544		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 298	5. Patient #11's me year old female who on 11/14/09. She were discharge sum she had colon and 11/14/09. Following summary stated shoperative drains. The had a period of Patient #11 had a kepost-operative ordenursing POC. This with the DNS on 1/2 of the DNS was interest.	dical record documented a 78 to was admitted to the hospital was discharged on 4/08/09. In any, dated 11/24/09, stated gallbladder surgery on g surgery, the discharge e had a nasogastric tube and the discharge summary stated f confusion following surgery. Cardex which listed the ers. She did not have a was confirmed by interview 26/10 at 4:05 PM.	C	298			

Bureau of Facility Standards STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING _ 01/27/2010 131320 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **301 CEDAR STREET CLEARWATER VALLEY HOSPITAL & CLINICS** OROFINO, ID 83544

	UKU	FINO, ID 83544		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
В 000	16.03.14 Initial Comments The following deficiency was cited during the complaint survey of your hospital. Surveyors conducting the investigation were: Gary Guiles, RN, HFS, Team Leader Susan Costa, RN, HFS DNS = Director of Nursing Services POC = Plan of Care	B 000		AND COLUMN TO THE PARTY OF THE
BB175	16.03.14.310.03 Patient Care Plans 03. Patient Care Plans. Individual patient care plans shall be developed, implemented and ke current for each inpatient. Each patient care p shall include but is not limited to: (10-14-88) a. Nursing care treatments required by the patient; and (10-14-88) b. Medical treatment ordered for the patient; a (10-14-88) c. A plan devised to include both short-term are long-term goals; and (10-14-88) d. Patient and family teaching plan both for hospital stay and discharge; and (10-14-88) e. A description of socio-psychological needs the patient and a plan to meet those needs. (10-14-88) This Rule is not met as evidenced by: Based on staff interview and review of medical records and hospital policies, it was determined the hospital failed to ensure complete POCs were staff interview and review of medical records and hospital policies, it was determined the hospital failed to ensure complete POCs were staff interview and review of medical records and hospital policies, it was determined the hospital failed to ensure complete POCs were staff interview and review of medical records and hospital policies, it was determined the hospital failed to ensure complete POCs were staff interview and review of medical records and hospital policies, it was determined the hospital failed to ensure complete POCs were staff interview and review of medical records and hospital policies, it was determined to the plant of the	ept lan and of	RECEIVED FEB 1.8 2010 FACILITY STANDARDS	

Bureau of Facility Standards

TITLE

(X6) OATE

PRINTED: 02/05/2010 FORM APPROVED

Bureau of Facility Standards

	Durgay or Lacinty Ottaridards					
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
I		131320		B. WING	01/27/2010	
I	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			
OLEADWATED VALLEY HOSPITAL & CUMICS		301 CEDAR STREET				

	CHMMADDY STATEMENT OF DEFICIENCIES		15	PROVIDER'S PLAN OF CORRECTION	(VE)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
BB175	Continued From page 1		BB175		
	This interfered with the hospital staff's abil provide consistent patient care. The finding include:				
	1. Patient #1's medical record documente year old male who was admitted to the ho on 11/24/09. He was discharged on 11/24 His History and Physical Examination, dat 11/24/09, stated his diagnosis was peritor abscess and dehydration. His tonsils wer surgically removed on 11/24/09. His med record contained a blank POC. This was confirmed by interview with the DNS on 1/at 4:05 PM.	spital 5/09. red nsillar e ical			
	2. Patient #2's medical record documente year old male who was admitted to the ho on 10/19/09. He was discharged on 10/22 His History and Physical Examination, dat 10/19/09, stated his diagnoses included s bifida, hydro-ureter with a history of recent ureterostomy surgery, abdominal pain, hydronephrosis, and blood clots to his low extremity. The only problem listed on his dated 10/20/09, was "Risk for further bloo [related to] non-therapeutic [laboratory] related to his kidney problems and pain were not addressed. This was confirmed by intervithe DNS on 1/26/10 at 4:05 PM.	spital 2/09. ded pina t /er POC, d clots sults."			
	3. Patient #5's medical record documente year old female who was admitted to the hon 10/02/09. She was discharged on 10/0 Her History and Physical Examination, da 10/02/09, stated her diagnosis was abdon pain. Her medical record did not contain a This was confirmed by interview with the 1/26/10 at 4:05 PM.	nospital 05/09. ted ninal a POC.			

Bureau of Facility Standards STATE FORM

PRINTED: 02/05/2010 FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MIDE TIP EE CONSTRUCTION			ATE SURVEY OMPLETED	
	131320			A. BUILDIN		I	C 01/27/2010	
		131320	070557 450	25500 00777	74.75 710.0005	01/2	7/2010	
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE			
CLEARY	ATER VALLEY HOS	PITAL & CLINICS		R STREET , ID 83544				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE		
BB175	Continued From pa	ige 2		BB175			NAT WHAT A CONTROL	
	services at the hosy 4/03/09. He was trace on 4/08/09. His dis 4/08/09, listed his dischronic obstructive fibrillation. The disc was readmitted to a "Acute colonic pseusummary stated he rectal tube. Patient the rectal tube, oxyorders. His medical POC. This was con DNS on 1/26/10 at 5. Patient #11's me year old female who on 11/14/09. She was the redischarge sum	was admitted to acut pital from swing bed ansferred to another scharge summary, dalischarge diagnoses pulmonary disease a charge summary stated to obstruction." The had a nasogastric to #7 had a Kardex who gen orders and other al record did not contributed by interview 4:05 PM. Indical record docume o was admitted to the was discharged on 4/mary, dated 11/24/05 gallbladder surgery of answer was discharged on 4/mary, dated 11/24/05 gallbladder surgery of the surgery	status on hospital ated as and atrial ted he or an e ube and a nich listed rongoing ain a with the other ones and a hospital 108/09.					
	11/14/09. Following summary stated shoperative drains. The she had a period of Patient #11 had a knost-operative order this was confirmed 1/26/10 at 4:05 PM. 6. The DNS was integrated the current policy that a summary of the stated the current policy that a summary summary stated the current policy that a summary summary stated the current policy that a summary stated the current policy that a summary summary stated the current policy that a summary stated the current policy stated the	g surgery, the discharte had a nasogastric he discharge summarte confusion following (ardex which listed thers. She did not have a by interview with the hospital did not have hospital did not have	tube and ary stated surgery. The e a POC. The DNS on at 4:05 are a					
	The Hopking and Ho							

6899

Bureau of Facility Standards STATE FORM



HEALTH & WELFARE

C. L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

February 9, 2010

Casey Meza Clearwater Valley Hospital & Clinics 301 Cedar Street Orofino, ID 83544

Provider #131320

Dear Mr. Meza:

On January 27, 2010, a complaint survey was conducted at Clearwater Valley Hospital & Clinics. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00004071

Allegation #1: Patient received poor medical care.

Findings: An unannounced visit was made to the hospital on 1/26/10 and 1/27/10. Eleven medical records were reviewed. Hospital policies were reviewed. Staff were interviewed.

All 11 medical records contained documentation demonstrating physicians were responsive to patient needs and patients were closely monitored.

One medical record documented a 56 year old male who was admitted to the hospital on 3/16/09 with a diagnosis of Chronic Obstructive Pulmonary Disease. He was treated with antibiotics, Prednisone, and aspirin as an anticoagulant. His condition slowly improved and he was transferred to swing bed status on 3/21/09 and was discharged from the hospital on 3/23/09. The discharge summary from the swing bed medical record, dated 3/23/09, stated the patient had received eight full days of antibiotics and the physician chose not to continue the medication.

Casey Meza February 9, 2010 Page 2 of 3

The patient returned to the emergency room on 3/25/09 complaining of increased shortness of breath and fever. He was admitted to the hospital and started on Lovenox as an anticoagulant and another antibiotic. He was transferred to swing bed status on 3/30/09. The Lovenox was discontinued on 3/31/09 and he was started on Coumadin as an anticoagulant. Laboratory tests were performed daily from 3/30/09 through 4/03/09 to ensure his anticoagulant medications were within therapeutic ranges. More laboratory tests were performed after 4/03/09 to monitor his anticoagulant medications. A physician's History and Physical Examination, dated 4/03/09, noted the patient had bruises on his abdomen from the Lovenox injections.

The patient experienced abdominal distension and pain and he was readmitted to acute care status on 4/03/09. He was diagnosed with an acute colonic ileus or pseudo-obstruction (intestinal blockage). He was treated for this and his abdominal complaints decreased. However, as his abdomen got better, his respiratory status declined. Then this gradually improved. On 4/08/09, the patient was transferred to a larger hospital per his request. Physician progress notes were extensive. They documented the patient was closely monitored and problems were treated as they came up.

It was also noted the hospital had an active peer review process. The patient's case had been reviewed by the medical staff because he had been re-hospitalized after being discharged.

No evidence was found to indicate inadequate care was provided.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: Patient asked to change doctors but was not allowed to do so.

Findings: Ten medical records were reviewed. One medical record documented a 56 year old male who was admitted to the hospital on 3/16/09 with a diagnosis of Chronic Obstructive Pulmonary Disease. He was transferred to swing bed status on 3/21/09 and was discharged from the hospital on 3/23/09. He was readmitted to the hospital on 3/25/09 complaining of increased shortness of breath and fever. He had complications from a pseudo-obstruction. He was eventually transferred to a larger hospital on 4/08/09.

A progress note by the patient's attending physician, dated 3/26/09, stated the patient was unhappy and wanted to change physicians. The note stated the patient had requested a specific physician but said this physician was on leave. The note stated the current physician would attempt to arrange for the transfer of care when the requested physician returned.

Casey Meza February 9, 2010 Page 3 of 3

The next progress note to discuss this topic was the attending physician's note on 4/06/09. It stated the attending physician had spoken to the requested physician. The note said the requested physician stated he would accept the patient after the patient's hospitalization, when the patient could be established at the new physician's clinic. The note stated the patient had been informed of the decision.

A progress note by a different physician, dated 4/07/09 at 5:55 PM, stated the patient demanded transfer to another hospital. The note stated the physician had placed a call to the physician at the receiving hospital and was awaiting a return call. The medical record stated the patient was transferred to the receiving hospital the next day.

The patient's attending physician was interviewed on 1/26/10 at 5:05 PM. He stated the patient requested a certain physician who was not available at the time of the request. He stated when the requested doctor returned, the requested doctor wanted to wait until the patient was discharged from the hospital and would then accept the patient's care. The attending physician stated the patient accepted that plan. The attending physician stated the requested physician would only accept the patient in transfer after discharge from the hospital. The attending physician stated the patient requested transfer to another hospital a day or two later. The attending physician stated he facilitated the transfer.

None of the other records reviewed revealed instances where patients wished to change physicians.

The hospital attempted to transfer the patient's care but the preferred physician was not available. Later, the preferred physician refused to accept the patient while he was still an inpatient. While the incident may have occurred, no evidence was found during the investigation to indicate the physicians acted inappropriately.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

GARY GUILES

Health Facility Surveyor Non-Long Term Care SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

C. L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

February 12, 2010

Casey Meza Clearwater Valley Hospital & Clinics 301 Cedar Street Orofino, ID 83544

Provider #131320

Dear Mr. Meza:

On January 27, 2010, a complaint survey was conducted at Clearwater Valley Hospital & Clinics. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00004279

Allegation #1: The OR manager is not qualified or trained for her job. In addition, Operating Room Technicians are not properly trained.

Findings: An unannounced visit was made to the hospital on 1/26/10 and 1/27/10. Eleven medical records were reviewed. A tour of the surgical suite and central supply area was conducted. Hospital policies were reviewed. Staff were interviewed. Personnel files were reviewed.

A tour of the operating room was conducted on 1/26/10 beginning at 11:55 AM. Two surgical cases had been performed that morning. A registered nurse had participated in both surgeries that day. The tour was conducted by another registered nurse who was the Clinical Coordinator for Surgery and in charge of the department. The Clinical Coordinator stated four registered nurses circulated on surgical cases. She said they had all been trained for the operating room by the hospital. She stated a registered nurse participated in all surgeries.

The Clinical Coordinator also said three technicians worked in surgery. One of these had a certificate for completing a surgical technologist program.

The other two had been trained by the hospital. This met the requirements for both federal and state regulations. The Clinical Coordinator stated the hospital was in the process of hiring staff in order for surgeries to be staffed by all registered nurses.

Staff were qualified and trained for the positions they held.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: Central Processing is sloppy in its processing of sterile equipment.

Findings: A tour of the Central Processing Department was conducted following a surgery, at noon on 1/26/10. Surgical instruments were processed in surgery according to a set protocol. They were then taken to central processing where the cleaning process was completed. The instruments were wrapped and sterilized using an autoclave.

Policies and procedures were current in the Central Processing Department. Staff had been trained in the hospital and were knowledgeable about processes. Appropriate records were kept.

Infection control records were reviewed. No infections related to surgery were documented in 2009. The hospital was in compliance with state and federal hospital requirements in relation to Central Processing.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

GARY GUILES

Health Facility Surveyor

Non-Long Term Care

SYEVIA CRESWELL

Co-Supervisor

Non-Long Term Care